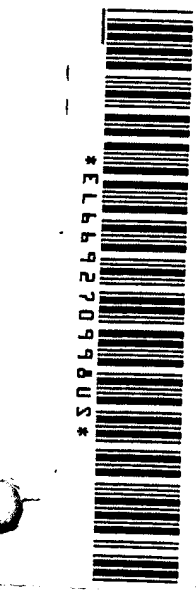


CHICAGO
MAR 25 02
PB METER
7118986
U.S. POSTAGE
16.25
10/088971

**POST OFFICE
TO ADDRESSEE**



ORIGIN (POSTAL USE ONLY)

PO ZIP Code: ☐ Day of Delivery ☐ Flat Rate Envelope

Date in: ☐ Next ☐ Second

Mo. Day Year: ☐ 1st Day ☐ 3 PM

Weight: ☐ AM ☐ PM

Int'l Alpha Country Code: ☐ 2nd Day ☐ 3rd Day

No Delivery: ☐ Weekend ☐ Holiday

Acceptance Clerk Initials: ☐ Total Postage & Fees: \$

Postage: \$

Return Receipt Fee: \$

COD Fee: \$

Insurance Fee: \$

DELIVERY (POSTAL USE ONLY)

Delivery Attempt: ☐ Time: ☐ AM ☐ PM

Mo. Day Year: ☐ AM ☐ PM

Mo. Day Year: ☐ AM ☐ PM

Delivery Date: ☐ AM ☐ PM

Signature of Addressee or Agent: ☐ AM ☐ PM

Name - Please Print: ☐ AM ☐ PM

Signature of Employee: ☐ AM ☐ PM

Employee Signature: ☐ AM ☐ PM

CUSTOMER USE ONLY
TO FILE A CLAIM FOR DAMAGE OR LOSS OF
CONTENTS, YOU MUST PRESENT THE ARTICLE,
CONTAINER, AND PACKAGING TO THE USPS
FOR INSPECTION.

☐ WARNING OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if signature is requested.
I wish delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee judges
that article can't be left in secure location and I authorize that delivery employee's signature constitutes valid proof of
NO DELIVERY ☐ Weekend ☐ Holiday

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov



USPTO MAIL CENTER
MAR 23 2002